PHSA Laboratories

Submit Form

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4 www.bccdc.ca/PHSALaboratories Attention: Shipping Room Email: kitorders@hssbc.ca Fax: (604) 707-2606

Sample Container Order Form

Orders will be processed and mailed using Canada Post. Please allow 5-14 business days for arrival.

Public Health Microbiology & Reference Laboratory

For RUSH orders, provide the following information: Courier Name:

PRINCIPATION PRIN	DOCTOR/CI	LINIC/FACILITY NAME (PLE	ASE PRINT CLEARLY)			DA	TE		
Sample Contailners NOTE & COURDITE PROMOTE PROMOTE CONTENTS (IN SAME CONTENTS (IN S	SHIPPING A	ADDRESS			CITY			POSTAL	CODE
DESCRIPTION DESCR	NAME (PLEA	SE PRINT CLEARLY)	AUTHORIZE	D SIGNATURE	EMAIL		TELEPH	ONE NO.	
BACTERIAL CULTURE SWAB The SWAB PLSS Out was and to no plastic shaft + Amire Charcol Introduct Media Introdu	Sample (COMPLETE PACKAGE*
SWAB Post SWAB (EYE SAMPLS) Control work on plants: table with not transport incided in the property of t	CONTAINER	TYPE / TEST	DESCRIPTION		TESTING INFORMATIO	N AND FURTHER DETA	AILS		No.
NUCLER ACID TESTING (NAT) SWARS NUCLER ACID TESTING (NAT) (National swars) Swars (Nat	SWABS				Culture for bacterial pathogens excluding Mycobacterium spp. & Bordetella pertussis				
INATY SWARE Endocrival and Male Detention Wood precisions (processed and Male Detention Wood precisions) Interest (MAT)		DRY SWAB (EYE SAMPLES)			Chlamydia trachomatis for DFA				
CALTS WARE Collection of voginal specimens (compelated) Collection of voginal specimens (compelated) Collection of voginal specimens (compelated) Collection of voginal specimens (collection of voginal specimens (collection of voginal specimens (collection of voginal specimens) Collection of voginal specimens (collection of voginal specimens) Collection of voginal specimens Collection of voginal			Endocervical and Male Urethral Swab		Chlamydia trachomatis AND Neisseria gonorrhoeae for Nucleic Acid Testing (NAT)				
CANTY URINE Decrease wash on wive shaft + Amies Charcoal Culture and polymerase chain reaction (PCR) test for Bordefello pertussis Culture of urethral 8 eye specimens for Nesseria generations Culture of urethral 8 eye specimens for Nesseria generations Culture of urethral 8 eye specimens for Nesseria generations Culture of urethral 8 eye specimens for Nesseria generations Culture of urethral 8 eye specimens for Nesseria generation Culture for urethral 8 eye specimens for Nesseria generations Culture for urethral 8 eye specimens for Nesseria generations Culture for urethral 8 eye specimens for Nesseria generations Culture for urethral 8 eye specimens for Nesseria generations Culture for urethral 8 eye specimens for Nesseria generations Culture for urethral 8 eye specimens for Nesseria generations Culture for urethral 8 eye specimens for Nesseria generations Culture for urethral 8 eye specimens for Nesseria generations Culture for urethral 8 eye specimens for Nesseria generations Culture for urethral 8 eye specimens for Nesseria generations Culture for urethral 8 eye specimens for Nesseria generations Culture for urethral 8 eye specimens for Nesseria generations Culture for Nesseria generations Culture for urethral 8 eye specimens for Nesseria generations Culture for urethral 8 eye specimens for Nesseria generations Culture for urethral 8 eye specimens for Nesseria generations Culture for urethral 8 eye specimens for Nesseria generations Culture for urethral 8 eye specimens for Nesseria generation Culture for urethral 8 eye specimens for Nesseria generation Culture for urethral 8 eye specimens for Nesseria generation Culture for urethral 8 eye specimens for Nesseria generation Culture for urethral 8 eye specimens for Nesseria generation Culture for urethral 8 eye specimens for Nesseria generation Culture for urethral 8 eye specimens for Nesseria generation Culture for urethral 8 eye specimens for Nesseria generation Culture for urethral 8 eye spe			Vaginal Swab Sample Collection Kit for collection of vaginal specimens (orange label)		Chlamydia trachomatis AND Neisseria gonorrhoeae for Nucleic Acid Testing (NAT)				
DACRON SWAB Transport Media Culture of urethral & eye specimens for Naissaria genominose Culture of urethral & eye specimens for Naissaria genominos					Chlamydia trachomatis AND Neisseria gonorrhoeae for Nucleic Acid Testing (NAT)				
RESPIRATORY VIRUS COPAN (Ired-top) + Viral Transport Media Respiratory Virus Testing, PCR for nasal/nasopharyngeal specimens PCR and Virus Culture COPAN (Ired-top) + Viral Transport Media									
BLOOD PARASITES EDTA (Purple) vacutainer Malaria) Smears to be submitted in addition to blood in EDTA		RESPIRATORY VIRUS	COPAN (red-top) + Viral Transpo	ort Media					
HEPATITIS C PCR		VIRUS ISOLATION SWAB	Starplex (S160V) (Blue top) or		1 / 3 1				
SEROLOGY SCREENING SEROLOGY SCREENING SEROLOGY SCREENING ST (Gold Top) AST (AntiDNase B, Brucella, Bornelia, Coccidioldes, Diphtheria, Tetanus, Toxoplasma, Tularemia, Parasitic Serology, Burtonelia, Coccidioles, Diphtheria, Tetanus, Toxoplasma, Parasitic Serology, Burtonelia, Coccidioles, Diphtheria, Parasitic		BLOOD PARASITES			(Malaria) Smears to be submitted in addition to blood in EDTA				
TUBES ZOONOTIC DISEASES & EMERCING PATHOGENS ZOONOTIC DISEASES &		HEPATITIS C PCR	EDTA (Purple) vacutainer		Specimen to be submitted in EDTA vacutainer tube				
DUTBERAK KITS OUTBREAK KIT OUTBREAK KITS OUTBREAK KIT FECCES VIALS & PARASITICALOGY PINWORM PINWORM PINWORM VIROLOGY TREATED PLASTIC SOLOPIES SLIDES MICROSCOPIC SAFINIMETS SLIDES MICROSCOPIC SAFINIMETS TISSUE PARASITE STEED PLASTIC SUPPLIES FOOD MICROBIOLOGY JARS TISSUE PARASITES Sterile vials Sterile vials Microscopic SAFINIMETS STERILE VIROLOGY Addrown and Televity a	BLOOD	SEROLOGY SCREENING	SST (Gold Top)		Hepatitis, HIV, Prenatal, Rubella, Helicobacter pylori, Syphilis, Virus Serology				
DISEASE OUTBREAK KIT Notification form NETURIZA LIKE ILLINESS OUTBREAK KIT Kit consists of swabs, 6 biohazard bags, 6 VI Requisition forms and 1 lLif ax notification form FOR FACILITY TESTING ONLY Maximum order per season is 50 kits. Orders over 50 kits must be approved by the Parasitology Section Parasitology Section Parasitology Section Parasitology Section Pinworm sticky paddle Orders must be approved by the Parasitology Section Pinworm sticky paddle Orders must be approved by the Parasitology Section Pinworm sticky paddle Orders must be approved by the Parasitology Section Pinworm sticky paddle Orders must be approved by the Parasitology Section Pinworm sticky paddle Orders must be approved by the Parasitology Section Pinworm sticky paddle			SST (Gold Top)		& Parasitic Testing, Arboviruses (West Nile virus), Hantavirus, Rickettsia, Ehrlichia/				
NIFLUENZA LIKE ILLNESS OUTBREAK KIT NIFLUENZA LIKE ILLNESS OUTBREAK KIT Virequisition forms and 1 ILl fax notification from virequisition forms and 1 ILl fax notification from virequisition forms and 1 ILl fax notification from virequisition virequisition virequisition from virequisition from virequisition from virequisition virequisition from vir	OUTDDEAK					Outbreak Fax			
PARASITOLOGY SAF (preservative) vial Orders must be approved by the Parasitology Section PINWORM PINWORM PINWORM ORDERS SEER REQUISITION ONLY ORDERS PARASITOLOGY SAF (preservative) vial Orders must be approved by the Parasitology Section Orders must be approved by the Parasitology Section Adenovirus & Rotovirus EIA Water Bacteriology Microscopic EXAMINATION SYPHILIS OBOMICROBIOLOGY JAR FOOD MICROBIOLOGY JAR TISSUE PARASITES Sterile vial TREATED ICE GLASS JAR Water Bacteriology TUBERCULOSIS PLASTIC VIAL TUBERCULOSIS TREATED CLASS VIAL ZOONOTIC DISEASES & EMERGING PATHOGENS REQUISITION ONLY ORDER SEE RECYETS FOR LIST OF FORMS PINWORM PINWORM PINWORM Orders and by the Parasitology Section Orders must be approved by the Parasitology Section Adenovirus & Rotovirus EIA Water Bacteriology For Food Quality and Food Poisoning Samples Water Bacteriology Sputum, urine & other body fluids (all Mycobacteria) Stomach washings (all Mycobacteria) (Request these prepared Jars 2 weeks in advance) Helicobacter pylori Stool Antigen REQUISITION CODE** NO. REQUESTED NO. REQUESTED			Kit consists of 6 swabs, 6 biohazard bags, 6 VI requisition forms and 1 ILI fax notification form		(Maximum order per season is 50 kits. Orders over 50 kits must be approved by the				
PARASITOLOGY SAF (preservative) vial Orders must be approved by the Parasitology Section	FFCFC	ENTERIC PATHOGENS							
Pinworm sticky paddle Orders must be approved by the Parasitology Section VIROLOGY Adenovirus & Rotovirus EIA BOTTLES TREATED PLASTIC BOTTLES SLIDES MICROSCOPIC EXAMINATION SYPHILIS Dark Field/Direct Fluorescent Antibody For Food Quality and Food Poisoning Samples TISSUE PARASITES Sterile vial TISSUE PARASITES Sterile vial TUBERCULOSIS PLASTIC VIAL TUBERCULOSIS TREATED CLASS JAR TOUBERCULOSIS TREATED CLASS VIAL ZOONOTIC DISEASES & EMERGING PATHOGENS REQUISITION ONLY ORDER SEE RELYENSE FOR LIST OF FORMS REQUISITION CODE** NO. REQUESTED Mater Bacteriology Adenovirus & Rotovirus EIA Water Bacteriology For Food Quality and Food Poisoning Samples Water Bacteriology For Food Quality and Food Poisoning Samples Water Bacteriology Sputum, urine & other body fluids (all Mycobacteria) Stomach washings (all Mycobacteria) (Request these prepared jars 2 weeks in advance) Helicobacter pylori Stool Antigen REQUISITION CODE** NO. REQUESTED	VIALS &	PARASITOLOGY	SAF (preservative) vial		Orders must be approved by the Parasitology Section				
REATED PLASTIC BOTTLES Water Bacteriology STREATED PLASTIC BOTTLES	PADDLES	PINWORM	Pinworm sticky paddle		Orders must be approved by the Parasitology Section				
BOTTLES MICROSCOPIC EXAMINATION SYPHILIS Dark Field/Direct Fluorescent Antibody For Food Quality and Food Poisoning Samples TISSUE PARASITES Sterile vial TREATED ICE GLASS JAR TUBERCULOSIS PLASTIC VIAL TUBERCULOSIS TREATED GLASS VIAL CONOTIC DISEASES & EMERGING PATHOGENS REQUISITION ONLY ORDER SEE REVERSE FOR LIST OF FORMS MICROSCOPIC EXAMINATION Gonorrhea, Trichomonas, Bacterial Vaginosis & Yeast Gonorrhea, Trichomonas, Bacterial Vaginosis & Yeast Water Bacteriology Sputum, urine & other body fluids (all Mycobacteria) Stomach washings (all Mycobacteria) (Request these prepared jars 2 weeks in advance) Helicobacter pylori Stool Antigen REQUISITION ONLY ORDER SEE REVERSE FOR LIST OF FORMS NO. REQUESTED NO. REQUESTED		VIROLOGY			Adenovirus & Rotovirus EIA				
SLIDES EXAMINATION SYPHILIS Dark Field/Direct Fluorescent Antibody For Food Quality and Food Poisoning Samples For Food Quality and Food Poisoning Samples TISSUE PARASITES Sterile vial TREATED ICE GLASS JAR TUBERCULOSIS PLASTIC VIAL TUBERCULOSIS TREATED GLASS VIAL TUBERCULOSIS TREATED GLASS VIAL TUBERCULOSIS TREATED GLASS VIAL TOUGH CONDICTORS SEE SEE MEMORING PATHOGENS REQUISITION ONLY ORDER SEE REVERSE FOR LIST OF FORMS REQUISITION CODE** No. REQUESTED Dark Field/Direct Fluorescent Antibody For Food Quality and Food Poisoning Samples Water Bacteriology Sputum, urine & other body fluids (all Mycobacteria) Stomach washings (all Mycobacteria) (Request these prepared jars 2 weeks in advance) Helicobacter pylori Stool Antigen REQUISITION CODE** No. REQUESTED	BOTTLES				Water Bacteriology				
VIALS AND JARS TISSUE PARASITES Sterile vial TREATED ICE GLASS JAR TUBERCULOSIS PLASTIC VIAL TUBERCULOSIS TREATED GLASS VIAL ZOONOTIC DISEASES & EMERGING PATHOGENS REQUISITION ONLY ORDER SEE REVERSE FOR LIST OF FORMS TOUR HOLD A Sterile vial For Food Quality and Food Poisoning Samples Water Bacteriology Sputum, urine & other body fluids (all Mycobacteria) Stomach washings (all Mycobacteria) (Request these prepared jars 2 weeks in advance) Helicobacter pylori Stool Antigen REQUISITION ONLY ORDER SEE REVERSE FOR LIST OF FORMS NO. REQUESTED TOUR HOLD AND PROVE ADDITIONAL REQUESTS (Indicate)	SLIDES				Gonorrhea, Trichomonas, Bacterial Vaginosis & Yeast				
VIALS AND JARS TISSUE PARASITES Sterile vial Water Bacteriology Sputum, urine & other body fluids (all Mycobacteria) TUBERCULOSIS PLASTIC VIAL TUBERCULOSIS TREATED GLASS VIAL ZOONOTIC DISEASES & EMERGING PATHOGENS REQUISITION ONLY ORDER SEE REVERSE FOR LIST OF FORMS REQUISITION CODE** NO. REQUESTED Water Bacteriology Sputum, urine & other body fluids (all Mycobacteria) Sputum, urine & other body fluids (all Mycobacteria) Helicobacter pylori Stool Antigen ADDITIONAL REQUESTS (Indicate)		SYPHILIS			Dark Field/Direct Fluorescent Antibody				
VIALS AND JARS TUBERCULOSIS PLASTIC VIAL TUBERCULOSIS TREATED GLASS JAR TUBERCULOSIS TREATED GLASS VIAL Sputum, urine & other body fluids (all Mycobacteria) Stomach washings (all Mycobacteria) (Request these prepared jars 2 weeks in advance) Helicobacter pylori Stool Antigen REQUISITION ONLY ORDER SEE REVERSE FOR LIST OF FORMS REQUISITION CODE** NO. REQUESTED Water Bacteriology Sputum, urine & other body fluids (all Mycobacteria) Helicobacter pylori Stool Antigen ADDITIONAL REQUESTS (Indicate)	AND				For Food Quality and Food Poisoning Samples				
AND JARS TUBERCULOSIS PLASTIC VIAL TUBERCULOSIS TREATED GLASS VIAL ZOONOTIC DISEASES & EMERGING PATHOGENS REQUISITION ONLY ORDER SEE REVERSE FOR LIST OF FORMS REQUISITION ONLY ORDER SEE REVERSE FOR LIST OF FORMS REQUISITED Sputum, urine & other body fluids (all Mycobacteria) Stomach washings (all Mycobacteria) (Request these prepared jars 2 weeks in advance) Helicobacter pylori Stool Antigen ADDITIONAL REQUESTS (Indicate)		TISSUE PARASITES	Sterile vial						
JARS VIAL TUBERCULOSIS TREATED GLASS VIAL ZOONOTIC DISEASES & EMERGING PATHOGENS REQUISITION ONLY ORDER SEE REVERSE FOR LIST OF FORMS REQUISITION ONLY ORDER SEE REVERSE FOR LIST OF FORMS Stomach washings (all Mycobacteria) (Request these prepared jars 2 weeks in advance) Helicobacter pylori Stool Antigen ADDITIONAL REQUESTS (Indicate) NO. REQUESTED		TREATED ICE GLASS JAR			Water Bacteriology				
GLASS VIAL ZOONOTIC DISEASES & Helicobacter pylori Stool Antigen REQUISITION ONLY ORDER SEE REVERSE FOR LIST OF FORMS REQUISITION CODE** NO. REQUESTED ADDITIONAL REQUESTS (Indicate)					Sputum, urine & other body fluids (all <i>Mycobacteria</i>)				
REQUISITION ONLY ORDER SEE REVERSE FOR LIST OF FORMS REQUISITION CODE** NO. REQUESTED ADDITIONAL REQUESTS (Indicate)									
SEE REVERSE FOR LIST OF FORMS NO. REQUESTED					Helicobacter pylori Stoo	l Antigen			
NO. REQUESTED			REQUISITION CODE**			ADI	DITIONAL REQUE	STS (Indicate)	
				INFORMATION	ON COLLECTION 33 3	NUDEC			

PHSA Laboratories

Public Health Microbiology & Reference Laboratory

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4 www.bccdc.ca/PHSALaboratories

ORDERING INFORMATION:

What should I order?

Please consult the BC Public Health Microbiology & Reference Laboratory *Guide to Programs and Services* on our site at http://www.bccdc.ca/PHSALaboratories for instructions on what container to use and how to collect and submit the sample.

How do I order?

Using this Sample Container Order Form please either email the request to kitorders@hssbc.ca OR fax request to (604) 707-2606

- Please order in single units;
- Please DO NOT order in pads, bags, packs, flats, trays, boxes or cases (unless ordering the Serology Screening requisition which is available in a 50-page pad).

How many should I order?

When ordering please keep in mind the following:

 A lot of sample containers have components that have a short shelf-life and therefore have expiry dates. Please order according to your needs instead of "stock-piling".

When will I receive my order?

Orders will be processed and mailed using Canada Post. Please allow 5-14 business days for arriv	al.
--	-----

For **RUSH** orders, provide the following information:

Courier Name:	Courier	r Account #:

REQUISITION FORMS

Requisition Code**	Requisition Name	Description
ВАМ	Bacteriology & Mycology Requisitions	2 sided form: Side 1 – Specimens for Bacteriology and Mycology testing Side 2 – Isolates for Identification
DCFP_100_1001F	Food Poisoning Form Part A - Incident Summary	To be filled out during a food poisoning event
FP	Food Poisoning Form Part B - Requisition	To accompany clinical and food/environmental samples in suspected food poisoning events. Food Poisoning Form Part A - Incident Summary must also be filled out.
FQ	Food Quality Sample Requisition	To accompany food samples submitted by Environmental Health Officers under the Food Quality Check Program
GIOB	Gastrointestinal Disease Outbreak Requisition	To accompany each sample submitted for GI outbreak investigation
DCFP_102_1001F	Gastrointestinal Disease Outbreak Fax Form	To be filled out for each GI outbreak
PARA	Parasitology Requisition	Ova & Parasites, Blood & Tissue Parasites, Parasite Identification (arthropods, worms, proglottids)
SER	Serology Screening Requisition	High volume serology testing; available in 50-page pad
ТВ	Mycobacteriology/TB Requisition	Mycobacteriology testing
VI	Virology Requisition	Non-serological virology testing
WB	Water Bacteriology Requisition	Public health water analysis (drinking water, recreational and waste water)
ZEP	Zoonotic Diseases & Emerging Pathogens Requisition	Serological, molecular and other testing for viruses, bacteria, parasites and fungi

Form DCQM_Q07_4101F 1.00 Version 3.2 6/2015